



RECEIVED  
MAR 4 1946  
BUREAU V. R.

If acc. Buddy state etc, —

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

02940

Reg. Dist. No. 260

## 1. PLACE OF DEATH:

County.....Somerset  
 City or town.....Eden, Md Rural I  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?.....40 Years  
 Hospital, Institution, or street address where death occurred:  
Eden Rural I  
 How long in hospital or Institution?.....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....Md County.....Somerset  
 City or town.....Eden Rural I  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

## 3. (b) Social Security Number

4. Sex.....Male 5. Color or race.....Colored 6.(a) Single, married, widowed, or divorced.....Widowed  
 B.(b) Name of husband or wife.....Eleanor Black  
 7. Birth date of deceased (mo., day, yr.).....Oct. 27, 1875 6.(c) If alive, give age..... years  
 8. AGE: Years.....70 Months.....4 Days.....8 If less than one day..... hrs. .... min.

9. Birthplace.....Somerset, Co. Md  
(Town, county, and state)10. Usual occupation.....Farmer

## 11. Industry or business

FATHER 12. Name.....John Black  
 13. Birthplace.....Somerset Co. Md  
 MOTHER 14. Maiden name.....Julia Black  
 15. Birthplace.....Somerset Co. Md

16. Informant.....Mrs Agnes JacksonAddress.....309 Eye St. S.W. Washington, D.C.17. Bural Date thereof.....3/10/46  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory.....Flower Hill CemeteryLocation.....Eden, Md18. Funeral director.....The Hill & Johnson Co.Address.....Salisbury, Md

19. March 10, 46 R. L. Johnson, M.D.  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH.....March 7, 1946 at 10 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
Feb. 25<sup>th</sup> 1946 to March 7<sup>th</sup> 1946  
 and that I last saw him alive on Feb. 25<sup>th</sup> 1946

Immediate cause of death.....Pneumonia, tuberculosis, unknown  
 DURATION.....

Due to.....Bacillus tuberculosis

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....Eden, Somerset, Md  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE.....Shir. B. Wheeler, M.D. M. D. or otherAddress.....Princess Anne Date signed.....3/8/46

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MAR 21 1946  
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 173

## CERTIFICATE OF DEATH

02941

Reg. Dist. No. 5-65

1. PLACE OF DEATH: Somerset  
County.....Crisfield  
City or town.....  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?.....5 days  
Hospital, institution, or street address where death occurred:  
.....  
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State.....Virginia.....County.....Accomac  
City or town.....Tangier.....  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.....  
(If rural, give LOCATION)  
2.(a) If veteran, name war.....

3. (a) FULL NAME  
ANDREW THOMAS CROCKETT

3. (b) Social Security Number  
231-18-1632

4. Sex.....Male  
5. Color or race.....White  
6. (a) Single, married, widowed, or divorced.....Single

6. (b) Name of husband or wife.....

6. (c) If alive, give age.....years  
7. Birth date of deceased (mo., day, yr.).....June 15 1886

8. AGE: Years.....59 Months.....9 Days.....16 If less than one day.....hrs. ....min.

9. Birthplace.....Tangier, Virginia  
(Town, county, and state)  
Waterman

10. Usual occupation.....Seafood

11. Industry or business.....

12. Name.....Andrew L. Crockett

13. Birthplace.....Tangier, Virginia

14. Maiden name.....Triffie Evans

15. Birthplace.....Tangier, Virginia

16. Informant.....Peter Crockett

Address.....Tangier, Virginia

Burial

17. (Burial, cremation, or removal. Which?) Date thereof.....April 3, 1946  
(month) (day) (year)

Cemetery or crematory.....Tangier Cemetery

Location.....Tangier, Virginia

18. Funeral director.....H. Harvey Bradshaw

Address.....Crisfield, Maryland

19. 3/2/46 6 E Collier, MD  
(Date rec'd by registrar) Registrar

20. DATE OF DEATH.....March 31 1946 at.....A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from birth to death; and that I last saw him on March 31 1946 and that I first saw him on March 31 1946

Immediate cause of death.....Accidental  
Drowning

Other conditions.....William H. Coulbourn, M. D.

(Include pregnancy, if within months of death)  
DEPUTY MEDICAL EXAMINER

Major findings of operations.....FOR SOMERSET COUNTY, MD.

Antopsy results.....none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: 3/31/46  
Accident, suicide, or homicide.....Crisfield Som MD  
Where did injury occur?.....(City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....Injured at work?

23. SIGNATURE.....W H Coulbourn  
Address.....Crisfield MD Date signed.....3/2/46

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BUREAU V 8



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age & year of birth of deceased is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of age & year of birth of deceased is shown on

FILM No. I O 1 APR 11 1946

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

02942

Reg. Dist. No. 265

### 1. PLACE OF DEATH:

County... Somerset  
City or town... Cresfield  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State... Md County... Somerset  
City or town... Cresfield  
(If outside city or town limits, write RURAL and give nearest town)  
Street No... 2nd St  
(If rural, give LOCATION)  
2.(a) If veteran, name war

### 3. (a) FULL NAME

Henry V. Dye

### 3. (b) Social Security Number

4. Sex... Female  
5. Color or race... White  
6.(a) Single, married, widowed, or divorced... Married  
6.(b) Name of husband or wife... Carlton D. Dye  
6.(c) If alive, give age... years  
7. Birth date of deceased (mo., day, yr.)... Jan 15 1880 1885  
8. AGE: Years 61 Months 2 Days 4 If less than one day... hrs. min.  
9. Birthplace... Calvert Cliffs Md  
(Town, county, and state)  
10. Usual occupation... Housewife  
11. Industry or business... Home  
12. Name... John Myster  
13. Birthplace... Md  
14. Maiden name... Ida Batterson  
15. Birthplace... Md

16. Informant... James H. Myster  
Address... Cresfield Md  
17. Burial... Date thereof... 3/22/46  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory... Sunny Ridge  
Location... Cresfield Md  
18. Funeral director... Howard H. Shulard  
Address... 306 Main St. Cresfield  
3/22/46  
19. (Date rec'd by registrar) 6 E. Callahan  
Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH... March 19 1946 at 4 P. M.  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from... January 1946 to March 1946  
and that I last saw her alive on March 19 1946  
Immediate cause of death... Chronic myocarditis  
Duration... 2 yrs  
Due to...  
Due to...  
Other conditions... Chronic nephritis  
Duration... 3 yrs  
Pulmonary infarction  
Duration... 3 mos  
Major findings of operations...  
Date of op...

Autopsy results...  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide... Date of...  
Where did injury occur? (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?)  
Means of injury Injured at work?

23. SIGNATURE... Samuel M. Peniston M.D.  
Address... Cresfield Md Date signed... March 22



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2nd July 38 10/10/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (342)

## CERTIFICATE OF DEATH

02943

Reg. Dist. No. 270

## 1. PLACE OF DEATH:

County..... Somerset  
 City or town..... Marion Station  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 5 years  
 Hospital, institution, or street address where death occurred:  
 \_\_\_\_\_  
 How long in hospital or institution?.....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State..... MD. County..... Somerset  
 City or town..... Marion Station  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war..... none

## 3. (a) FULL NAME

Annie R. Eckenrode

## 3. (b) Social Security Number

none

4. Sex

Female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

widow6. (b) Name of husband or wife..... Albert W. Eckenrode

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

June 2, 1873

8. AGE:

72

Years

Months

9

Days

4

If less than one day

..... hrs.

..... min.

9. Birthplace

Penn.

(Town, county, and state)

10. Usual occupation

housewife

11. Industry or business

home

FATHER

12. Name

John Stewart

13. Birthplace

Pa.

MOTHER

14. Maiden name

Mary Culbertson

15. Birthplace

Pa.

16. Informant

Effie J. Dearholt

Address

Marion Station, Md.

17.

Burial  
(Burial, cremation, or removal. Which?)Date thereof..... 3/10/46  
(month) (day) (year)

Cemetery or crematory

Amberson

Location

Amberson, Franklin Co., Pa.

18. Funeral director

Howard H. Hubbard

Address

306 Main St., Crisfield, Md.

19.

3/7/46  
(Date rec'd by registrar)E. E. Collier, M.D.

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... Mar. 7, 1946 19..... at 7.30a.m

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 1 1946 to Mar 7 1946  
and that I last saw him alive on Mar 5 1946

Immediate cause of death

Acute Dilat Heart

DURATION

1 week

Due to

Chronic Dilat rupture

Due to

Chronic myocarditis

Other conditions

General debility

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of Injury

Injured at work?

23. SIGNATURE

Surgeon E. Culbertson M.D.  
Address..... Marion Station, Md. Date signed..... Mar 7 46

1000  
670

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MAR 14 1946  
BUREAU V.B.

600-100-33 24/1/8

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B12)

## CERTIFICATE OF DEATH

02944

Reg. Dist. No. 261

## 1. PLACE OF DEATH:

County Somerset  
 City or town Morumsco  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 70  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State MD County Somerset  
 City or town Morumsco  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

William Gale

## 3. (b) Social Security Number

813-10-1711

4. Sex Ma 5. Color or race col 6.(a) Single, married, widowed, or divorced married

6.(b) Name of husband or wife Florance Gale

6.(c) If alive, give age 5-9 years

7. Birth date of deceased (mo., day, yr.) May 28-1875

8. AGE: Years 70 Months 11 Days 11 If less than one day

hrs. min.

9. Birthplace Morumsco Somerset Co MD  
 (Town, county, and state)

10. Usual occupation Farming & Seafood Work

11. Industry or business

12. Name Washington Gale

13. Birthplace Morumsco Somerset Co MD

14. Maternal name Harris & Scofield

15. Birthplace Morumsco Somerset Co MD

16. Informant Garnet Gale

Address Morumsco MD

17. burial Date thereof May 10 1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Elmwood

Location Morumsco MD

18. Funeral director Chas. H. Ward

Address Marion St., Ind.

19. 3/14 18 1946  
 (Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 12 19 46 at 9:15 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 11 19 46 to March 12 19 46

and that I last saw him alive on March 12 19 46

Immediate cause of death

Acute Inf. of Heart

Subacute Inf.

Due to

Chronic Inf. of Heart

Due to Chronic Inf. of Heart

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dr. J. C. Sullivan

M. D. or other

Address Marion St., Ind. Date signed March 13, 46

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MAR 16 1946

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

## CERTIFICATE OF DEATH

02945

Reg. Dist. No. 260

### 1. PLACE OF DEATH:

County Somerset  
City or town Upper Hill  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 70  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Somerset  
City or town Upper Hill  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. \_\_\_\_\_  
(If rural, give LOCATION)  
2.(a) If veteran, name war \_\_\_\_\_

### 3.(a) FULL NAME

Robert F. Johnson

### 3.(b) Social Security Number

4. Sex Male 5. Color or race Col 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Mary O Johnson

7. Birth date of deceased (mo., day, yr.) Mar 18 1876

6.(c) If alive, give age 79 years

8. AGE: Years 70 Months 6 Days 6 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Upper Hill Somerset Co MD  
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Sale clerk

12. Name James Johnson

13. Birthplace Farmers Somerset Co MD

14. Maiden name Christy Anne Westbury

15. Birthplace Farmers Somerset Co MD

16. Informant Mary O Johnson

Address Upper Hill MD

17. Burial Date thereof Apr 2 1946  
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Back creek

Location Upper Hill MD

18. Funeral director Chas H Wood

Address Princeton MD

19. 4/1 1946 R F Johnson  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH March 28 1946 at 9 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 28 1946 to March 28 1946  
and that I last saw him alive on March 23 1946

Immediate cause of death coronary sclerosis

DURATION 2 years

Due to arteriosclerosis

Due to heart disease

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Frank Matus M. D. or other

Address Princeton MD Date signed March 20

MARGIN RESERVED FOR BINDING

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

NOTICE TO THE UNITED STATES GOVERNMENT

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APR 2 1946

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

02946

Reg. Dist. No. 260

## 1. PLACE OF DEATH:

County... Somerset  
 City or town... Farmount  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 82  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... MD County... Somerset  
 City or town... Farmount  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Sherman Johnson

## 3. (b) Social Security Number

315-18-4379

4. Sex Male 5. Color or race Col 6. (a) Single, married, widowed, or divorced Single

## 6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) July 8, 1863 8. (c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 82 Months 8 Days 16 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace... Farmount Somerset Co MD  
 (Town, county, and state)

10. Usual occupation... Laborer

## 11. Industry or business

12. Name John Johnson  
 13. Birthplace Farmount Somerset Co MD  
 14. Maiden name Rachel White  
 15. Birthplace Calvert Co MD

18. Informant J. Frank Johnson  
 Address Farmount MD

17. burial Date thereof Mar 28, 46  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Saint Luke's  
 Location Farmount MD

18. Funeral director Chas H. Word  
 Address Maryland MD

19. 3/26 19 46 R. H. Johnson MD  
 (Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 24 19 46, at 11 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 23 19 46, to March 24 19 46  
 and that I last saw him alive on March 23 19 46

Immediate cause of death...  
Ch. Myocarditis  
Ch. Nephritis

## DURATION

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Ther. B. Whaley M.D.  
 M. D. or other \_\_\_\_\_Address Crofton MD Date signed 3/28/46

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MAR 28 1946

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 151

## CERTIFICATE OF DEATH

02947

Reg. Dist. No. 270

## 1. PLACE OF DEATH:

County... Somerset  
 City or town... Bonifield  
 (If outside city or town, write RURAL and give nearest town)  
 How long in above place of death? 1 day  
 Hospital, institution, or street address where death occurred:  
McCreedy Hospital  
 How long in hospital or institution? 1 day

## 3. (a) FULL NAME

Yatis J. Jones

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife None

7. Birth date of deceased (mo., day, yr.) July 8, 1937

8. AGE: Years 8 Months 8 Days 6 6. (c) If alive, give age \_\_\_\_\_ years  
 It less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Bonifield MD  
 (Town, county, and state)

10. Usual occupation at school

11. Industry or business

12. Name Ernest R. Jones

13. Birthplace Maryland

14. Maiden name Margaret Sterling

15. Birthplace Bonifield, MD

16. Informant Ernest R. Jones

Address Bonifield MD

17. Burial Date thereof 3/16/46  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Sunny Ridge

Location Bonifield MD

18. Funeral director Edward H. Jones

Address 306 Main St. Bonifield MD

19. 3/15/46 19 60 E. Calhoun  
 (Date rec'd by registrar) Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset  
 City or town Bonifield  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. R. F. W.  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war None

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 19 46 at 3:59 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

accident 19. to 19. March 14  
 and that I last saw deceased when I was

Immediate cause of death Called in  
3rd Degree Burn  
Face, Neck, Chest  
Abdomen arms  
and thighs

Due to Shock

Other conditions

Major findings of operations

Antemortem results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following

Accident suicide homicide Date of 3/14/46

Where did injury occur? Bonifield Somerset MD  
 (City or town) (County) (State)

Injured at home, farm, industry, public place (Address) Home on farm

Blacks Cayle Farm

23. SIGNATURE Wm H. Coulbourn M.D.

Address Bonifield MD Date 3/15/46

William H. Coulbourn, M. D.  
 DEPUTY MEDICAL EXAMINER  
 FOR SOMERSET COUNTY, MD.

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Foreign Affairs

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APR 5 1948  
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

02948

Reg. Dist. No.

265

## 1. PLACE OF DEATH:

County Somerset  
 City or town Crisfield  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State MD County Somerset  
 City or town Crisfield  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Main St  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Lonnie Sue Handow

## 3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Single  
 6.(b) Name of husband or wife  
 6.(c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) COKE 25, 1945  
 8. AGE: Years \_\_\_\_\_ Months 5 Days 1 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Crisfield, MD  
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER  
 12. Name Robert H. Handow  
 13. Birthplace Crisfield  
 MOTHER  
 14. Maiden name Myrtle Finley  
 15. Birthplace Worcester, Mass. Ind

16. Informant Robert H. HandowAddress Crisfield17. Burial Date thereof 3/28/46  
(Burial, cremation, or removal. Which) (month) (day) (year)Cemetery or crematory Sumner RidgeLocation Crisfield18. Funeral director Harold H. HandowAddress 306 Main St, Crisfield19. 3/27/46 Registrar E E Callahan  
(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 26, 1946

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 24, 1946 to March 24, 1946  
 and that I last saw him alive on March 24, 1946

Immediate cause of death Congenital Heart  
 DURATION 5 ms

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE S. M. P. m-d M. D. or otherAddress Crisfield, MD Date signed Mar 27

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Adm. No. 339 2015/10



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-2

## CERTIFICATE OF DEATH

02949

Reg. Dist. No. 265

## 1. PLACE OF DEATH:

County Somerset  
 City or town Crisfield  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life time  
 Hospital, institution, or street address where death occurred:  
12 Main Street  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Somerset  
 City or town Crisfield  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 12 Main Street  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Jennie Cullen Nealey

## 3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed  
 6. (b) Name of husband or wife George Nealey  
 6. (c) If alive, give age ..... years  
 7. Birth date of deceased (mo., day, yr.) January 10, 1874  
 8. AGE: Years 72 Months 1 Days 10 If less than one day ..... hrs. .... min.

8. Birthplace Crisfield-Somerset-Maryland  
 (Town, county, and state)

10. Usual occupation None

## 11. Industry or business

12. Name Jacob Cullen  
 13. Birthplace Crisfield, Maryland  
 14. Maiden name Melissa Ward  
 15. Birthplace Crisfield, Maryland

16. Informant Mrs. Bernice ReedAddress Crisfield, Maryland

17. Burial Burial Date thereof Mar. 17, 1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Crisfield CemeteryLocation Crisfield, Maryland18. Funeral director H. Harvey BradshawAddress Crisfield, Maryland

19. 3/16/46 19 6 E Callington  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 19 46 at 4:50 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 13 19 46 to March 14 19 46  
 and that I last saw her alive on March 14 19 46

Immediate cause of death Pulmonary tuberculosis DURATION 40 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE S. M. Peyton M. D. M. D. or otherAddress Crisfield Md Date signed Mar. 16/46



CERTIFICATE OF DEATH

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APR 5 1946

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APR 5 1946

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 136

## CERTIFICATE OF DEATH

02950

Reg. Dist. No. 260

### 1. PLACE OF DEATH:

County Somerset  
City or town Princess Anne Maryland  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Somerset  
City or town Princess Anne Md  
(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2. (a) If veteran, name war \_\_\_\_\_

### 3. (a) FULL NAME

Warren Roe Pusey

### 3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White married

6. (b) Name of husband or wife Minnie Pusey

7. Birth date of deceased (mo., day, yr.) July 8, 1879 6. (c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 67 Months 8 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace East Princess Anne Somerset Md  
(Town, county, and state)

10. Usual occupation Saw mill

11. Industry or business Lumber

12. Name Agnes Pusey

13. Birthplace Somerset Co.

14. Maiden name Emily Parsons

15. Birthplace Parsonburg Wisconsin

16. Informant Mrs. Minnie Pusey

Address Princess Anne Md.

17. Burial Date thereof March 23, 1946  
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Episcopal Cemetery

Location Princess Anne Md.

18. Funeral director Charles Dashiell

Address Princess Anne Md.

19. March 23 46 19 46 John M. Johnson  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH March 21 19 46 at 7:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

\_\_\_\_\_ 19 \_\_\_\_\_, to \_\_\_\_\_ 19 \_\_\_\_\_

and that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_

Immediate cause of death \_\_\_\_\_ DURATION \_\_\_\_\_

Tuberculosis - Periton.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_

\_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

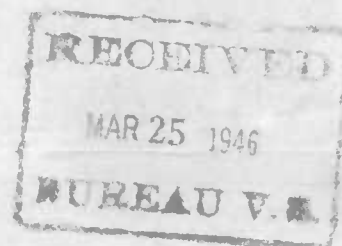
23. SIGNATURE John M. Johnson M. D. or other \_\_\_\_\_

Address Princess Anne Md. Date signed 3/22/46

MARGIN RESERVED FOR BINDING

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 572

## CERTIFICATE OF DEATH

02951

Reg. Dist. No. 265

## 1. PLACE OF DEATH:

County Somerset  
 City or town Lansford  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? life  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State MD County Somerset  
 City or town Lansford  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. R. 3 W  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war None

## 3. (a) FULL NAME

Mary Agnes Riggins  
 4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

## 6.(b) Name of husband or wife

Merley Riggins 6.(c) If alive, give age 65 years

## 7. Birth date of deceased (mo., day, yr.)

April 8, 1893  
 8. AGE: Years 52 Months 11 Days 5 If less than one day  
 hrs. min.

## 9. Birthplace

Lansford MD  
 (Town, county, and state)

## 10. Usual occupation

Housewife

## 11. Industry or business

At Home

## FATHER

12. Name Henry C. Shadow

13. Birthplace Maryland

14. Maiden name Mary R. Jones

15. Birthplace Somerset Co. MD

16. Informant Merley Riggins

Address Lansford MD

17. Burial Date thereof 3/7/46

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Lansford

Location Lansford MD

18. Funeral director Howard H. Hulead

Address 306 Main St. Lansford

3/15/46 C E Callins MD

19. (Date rec'd by registrar) Registrar

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 13 19 46, at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 7 19 46 to March 13 19 46

and that I last saw her alive on March 13 19 46

Immediate cause of death Brain tumor DURATION 3 yrs -

Nature, unspecified. Not known whether

Due to benign or malignant Cancer

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE S. M. Peyton M.D. M. D. or other

Address Crisfield MD Date signed March 15/46

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 742

## CERTIFICATE OF DEATH

Reg. Dist. No. 11295 262

## 1. PLACE OF DEATH:

County Pocomoke  
 City or town Pocomoke City, Md  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? all his life  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Md County Somerset  
 City or town Rural - near Pocomoke City, Md  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Henry Francis White

## 3. (b) Social Security Number

4. Sex M 5. Color or race C. 6.(a) Single, married, widowed, or divorced M.

## 6.(b) Name of husband or wife

Annie White

7. Birth date of deceased (mo., day, yr.) July 15th 1865 8. AGE: Years 81 Months 0 Days 20 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Somerset Co - Rural (Town, county, and state)10. Usual occupation Farmer11. Industry or business Farmer12. Name Henry Francis White13. Birthplace Pocomoke Rural14. Maiden name Louisa Miles15. Birthplace Pocomoke City, Md (Rural)16. Informant Emily Stevenson (Sister)Address Balishury, Md17. Burial Date thereof May 10, 1946 (month) (day) (year)Cemetery or crematory Curtis Chapel CemeteryLocation Western, Md & Rural18. Funeral director H. Harvey BradshawAddress Pocomoke City, Md19. Mar 12 19 46 Mrs Clayton Harris Registrar

(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 7th 19 46 at 4:40 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 19th 19 46 to March 7 19 46and that I last saw him alive on March 7 19 46Immediate cause of death Coronary ThrombosisDue to ArteriosclerosisDue to Chronic BronchitisOther conditions Stroke

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE M. E. AronsonAddress Pocomoke City, Md M. D. or other \_\_\_\_\_Date signed 3/1/46

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BUREAU V.E.